

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 85-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number U <u>70771</u>	2. Fiscal Year Covered From <u>1</u> / <u>1</u> / 2005 Through <u>12</u> / <u>31</u> / 2005
3. Name and address of person filing Name <u>Kevin</u> <u>Guertin</u> P.O. Box, Bldg. Room No. If any _____ Street <u>8 Cook Road</u> City <u>Prospect</u> State <u>Connecticut</u> ZIP Code + 4 <u>06712</u>	4. Name, file number, and address of labor organization Name <u>Rooters/Waterproomers Local 12</u> Labor Organization File Number <u>031154</u> P.O. Box, Building and Room Number If any _____ Street <u>15 Bernhard Road</u> City <u>North Haven</u> State <u>Connecticut</u> ZIP Code + 4 <u>06473</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P.O. Box, Bldg. Room No. If any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income _____ _____ _____ 7. b. Amount _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions)	
Signed <u>[Signature]</u>	On <u>4-14-06</u> <u>203-785-449</u> Date Telephone Number

Name of Person Filing	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name United Union of Roofers, Water-
 Trade Name if any Roofers + Allied Workers #12
 P O Box, Bldg Room No. if any _____
 Street 15 Bernhardt Road
 City North Haven
 State Connecticut ZIP Code + 4 06473

9 Business deals with

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10 If 8.b or 9 c. is checked give trust or employer's name

Name United Union of Roofers Lb 12
 Trade Name if any Health + Welfare Fund
 P O Box, Bldg Room No. if any P.O. Box 5817
 Street 60 North Main Street
 City Wallingford
 State Connecticut ZIP Code + 4 06492

11 a Nature of such dealing

Management of Health + Welfare Fund
Bi-Monthly Trustee Meetings

11.b Approximate dollar value of such dealing

\$297.00

12.a Nature of interest held or income received.

12.b Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
 Trade Name if any _____
 P O Box Bldg Room No. if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14 a. Nature of payment.

Fair Value of Business Primer

13 b Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$70.00